

*invoice*

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**BILL TO**

Puerto Rico Chief Federal Monitor

**INVOICE #**

2024-04

**DATE**

4/30/2024

**DUE**

5/31/2024

Date	Description	Hours	Rate	TOTAL
04/04/2024	3.0 hours of CMR review and travel planning	3.00	\$100.00	\$300.00
04/05/2024	1.0 hour of policy review facilitation and CMR review	1.00	\$100.00	\$100.00
04/06/2024	1.0 hour of travel planning	1.00	\$100.00	\$100.00
04/07/2024	1.0 hour of travel planning	1.00	\$100.00	\$100.00
04/09/2024	1.0 hour of travel planning	1.00	\$100.00	\$100.00
04/10/2024	1.0 hour of travel planning	1.00	\$100.00	\$100.00
04/11/2024	1.0 hour of meetings with Denise and Polo and travel planning	1.00	\$100.00	\$100.00
04/12/2024	1.0 hour of travel planning	1.00	\$100.00	\$100.00
04/16/2024	2.0 hours of travel planning	2.00	\$100.00	\$200.00
04/18/2024	1.0 hour of CMR review	1.00	\$100.00	\$100.00
04/19/2024	1.0 hour of CMR review	1.00	\$100.00	\$100.00
04/21/2024	1.0 hour of CMR review	1.00	\$100.00	\$100.00
04/22/2024	1.0 hour of CMR review	1.00	\$100.00	\$100.00
04/27/2024	1.0 hour of policy review facilitation	1.00	\$100.00	\$100.00
04/28/2024	1.0 hour of travel planning and CMR review	1.00	\$100.00	\$100.00
04/29/2024	1.0 hour of CMR review	1.00	\$100.00	\$100.00

**TOTAL**

**\$1,900.00**

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.

*thank you*